

DISCUSSION.

DR. KNAPP.—I should like to ask in what structure the last tumor originated.

DR. NORRIS.—Apparently from the floor of the orbit. I could not say whether from the periosteum or not.

DR. KNAPP.—Did it go into the maxillary antrum?

DR. NORRIS.—I did not dissect away the tissue so as to open the antrum, although I came very close to it, cutting away the infra-orbital nerve. There was loss of sensation, which, however, has been recovered. I presume that it originated in the periosteum. On microscopical section, it looked as though the trabeculæ of fibrous tissue on the periosteal side were undergoing ossification.

CLINICAL HISTORY OF A CASE OF SYMPATHETIC OPHTHALMIA.

By L. WEBSTER FOX, M.D.

ON December 15th, 1883, William R., æt. 12 years, whilst cutting a cord with a sharp pointed knife accidentally punctured his left eye in the ciliary region. The wound, which was four lines in length and deep, was situated in the inner and lower quadrant of the ball near the cornea. Cold applications made and the eye bandaged. In twenty-four hours serous iritis developed, closing the pupil and obscuring vision. This condition went on from bad to worse till qualitative perception of light only remained. There was no pain, neither was the eye sensitive to light during the acute stage of the iritis. The patient was allowed his freedom during this time, and a mydriatic was not applied nor internal treatment advised. It was thought the inflammation was due to a "cold" and would soon pass off. On January second the boy was sent to school, the eye at this time still very much inflamed but without pain, it being protected by a bandage. On the fourth of January he complained of a dimness obscuring his distant vision in the right eye. His mother (a poor widow) sought the aid of an ophthalmic expert, who, recognizing the gravity of the case, at

once instituted vigorous treatment. The eye soon became as bad as its fellow; when on March 28th, 1884, the date the patient was first seen by myself, the conditions were as follows: Left eye (injured one), cornea hazy, keratitis punctata, balloon shaped iris, degenerated in spots, occluded pupil, sclerotic congested, slight perception of light. The cicatrix of the wound well defined. The right eye similar in appearance, excepting the pathological conditions more pronounced. On the iris, which was very much thickened, could be discerned by oblique illumination new formed blood-vessels. There was barely qualitative perception of light. During the inflammatory process the patient suffered little or no pain, light however could not be borne. We could only confirm the prognosis given by the former attending physician; but as considerable inflammation as well as inflammatory deposits remained, we instituted mercurial treatment guarded by opium, with instillations of atropia, as well as applying leeches to temples. This treatment was forced to salivation, but did not modify the virulency of the disease.

On April 19th my friend Dr. R. B. Schulze, under whose care the patient was at this time, wrote me that hypopyon made its appearance in the right eye during the last few days; some slight supraorbital pain. The mercurial treatment both internally and externally was resorted to, in small but frequent doses; the inflammation seemed to respond to the treatment, for in three days the pus disappeared, the thickened and yellowish brown iris assumed a more normal shape and color. During the following few weeks the sclerotic congestion disappeared, becoming white; lachrymation, which at times was profuse, now disappeared entirely, the eyes assuming a normal appearance but vision gone.

On June 21st I saw the patient and noted the following. Right eye, all traces of inflammation gone, but atrophied to one half its former size. No p. l. Left eye evidently becoming atrophic, perception of light (?) in the upper field, sclerotic white.

The rapid and virulent course of this case of sympathetic ophthalmia makes it worthy of being placed on record. In

three weeks from the date of injury, vision was practically gone; at the end of six months atrophy of one eye had taken place, with a like progressive condition developing in the other. Had active treatment been forced at the time of the injury, the result might have been modified, possibly averted. It was only when the case was almost hopeless that the hydrargyrum treatment was instituted, which did not check the disease nor even modify it, the inflammation only subsiding when all the inner tissues of the eyes were destroyed.

TWO CASES OF ORBITAL ABSCESS.

By J. A. LIPPINCOTT, M.D.,

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THE following cases are reported, in the first place because retro-ocular abscess is among the rarer affections that come under our notice, and in the second, because the cases are not without inherent interest, one of them illustrating what I believe to be rather uncommon, viz. very complete recovery, and the other exhibiting the disease at an unusually early age.

In September, 1877, J. L. D., son of a medical friend, a child of rather feeble powers of resistance, one of the class that "take everything," was recovering from a severe attack of erysipelas of the face and scalp, when a slight swelling of the right upper lid attracted his father's attention. When I saw the case—on the following day—I found a small abscess of the lid which I opened with a free incision, but which contained only a few drops of pus. There was at that time no displacement of the eyeball nor any loss of mobility, but there were more pain and tenderness than could be accounted for by the abscess in the lid. The general condition was low. The patient was feeble, irritable and emaciated. Pulse weak, quick and rapid. There was decided anorexia; but great thirst, high temperature, and other febrile symptoms were